TOWN OF TRUMBULL APPLICATION FOR HEATING/AIR CONDITIONING PERMIT

HVAC Permit No: Building Permit No:		TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	Date:	
Licensed Contractor:			CT License No:	
Contractor Address:)
E-Mail Address			Filone No. ()
Location of Job:			erty Owner:	
HOT WATER OR STEAM SYSTEM				WARM AIR SYSTEM
° F inside when° F		DESIGN CONDITION		° F inside when ° F outside
º F Boiler water ps		DESIGN TEMP. OR PRESSURE		° F bonnet air
		TYPE OF SYSTEM		
	•	TYPE OF FUEL		
BTU/hr.	•	BUILDING HEAT LOSS		BTU/hr.
BTU/hr		. NET LOAD ON BOILER OR FU	RNACE	BTU/hr.
		MODEL & NO. OF BOILER OR F		2.0/
BTU/hr	·	DAD RATING OF BOILER OR FU		BTU/hr.at bonnet
"x";"h		E MFGRS. CHIMNEY RECOMME	-	
, x, , "h	TOMICAGI	BUILDING'S CHIMNEY	MDATIONO	, x, ,, n , x, ;, h
	M	ECHANICAL DRAFT EQUIP. (If t	usod)	
ELECTRIC	IV.	LONANICAL DIVAL I EQUII . (II t	useuj	
· 	RTII/br M	ako	Model and Quality	
			_ Model and Quality	
Voltage Total Outp	Jul IIIslaneu	B10/III.		
		CONDITIONING AND REFRIGER		
_				sq. ft cu. ft.
Total Refrigeration Capacity:				
				cribe)
Total Fan Capacity of all Systems: _	ctm	Fresh Air	ctm	
examined to ascertain that it is proburning appliances or fireplaces. Exception: Where permitted by the a replaced by an appliance of similar to	perly lined, clear and authority having jurisd type, input rating and e	free of obstructions and shall b iction, existing chimneys shall b ifficiency	be cleaned if previously	y, the chimney passageway shall be used for venting solid or liquid fuel-
	existing chimney is no	t safe for the intended application		ebuilt, lined, relined, or replaced with ees, NFPA 211 and be suitable for the
	t formerly carried flu	e products from liquid or solid	fuel-burning appliances	is used with an appliance using fuel
<u> </u>	provided. The cleanou	t shall have a tight-fitting cover	and shall be installed so	it's upper edge is at least 12" below
the lowest chimney inlet opening.				
Description of work:				
	CORDANCE WITH TH	E CONNECTICUT STATE BUILD	DING CODE IN EFFECT	THE ABOVE DETAILED STATEMENT. AT THE TIME OF APPLICATION AND

Estimated Value of Work: _____

Fee: _____